MARYLAND STATE ETHICS COMMISSION

45 Calvert Street, 3rd Floor Annapolis, MD 21401 410-260-7770 / 1-877-669-6085 http://ethics.maryland.gov

REGULATED LOBBYIST EMPLOYER EXPENDITURE ON MEALS AND/OR BEVERAGES ELECTED EXECUTIVE OFFICIALS SPECIAL ACTIVITY REPORT (Form 13A)

Period Covered	,	May 1, 20 through October 31, 20
Instructions: Thi employer, who f executive officia whether or not p to the costs of themployer. If the employer, the lobeverages are a beverages listed	s report inancially or memorovided ne report lobbyist shalso to be don't not be don	is to be filed by regulated lobbyists for each employer, including a non-exempt y participated in an expenditure of meals and/or beverages for an elected liber of his or her immediate family. Meals and/or beverages are to be reported in connection with lobbying activities. If more than one employer has contributed led meals and beverages, you must report the portion of the cost attributed to each a pays all or part of the cost out of his or her own funds and not on behalf of an an anould itemize those expenditures on Form 13B. Amounts spent on meals and/or the reflected in Section B-1 of the Lobbying Activity Report (Form 4). Meals and the report by name of recipient do not count toward the \$75 reporting requirement.
		of Regulated Lobbyist (Registrant and Employer).
I.	ng Information:	
	a.	Name of Registrant\Lobbyist
	b.	Permanent Address (include firm name if applicable)
	C.	Business Telephone ()
II.	Identific	ation of Employer:
	a. '	te only if registrant acts on behalf of another. Identify the person or organization who compensated the lobbyist for activities requiring this registration. Name Permanent Address
		Business Telephone ()
	b.	Identify any other person who the lobbyist represents regarding the matters covered by this registration (if none, write none)

PART B. Elected Executive Officials Recipients of Meals and/or Beverages in Any Amount

You must list separately each expenditure of meals and/or beverages, including the name of the recipient, the date, the value attributable to this report and the nature of the item or items. If this report lists only part of the total value, you must additionally provide the total cost of the meals and beverages under "Nature of Item(s)." In the comment space below, the donor may also explain the circumstances under which the expenditure was made. If there is insufficient space on this form, additional schedules may be attached.

	Title or Position (if family member of elected official,	Itemization of Meals and Beverages Amount		
Name of Recipient	name of elected official and relationship)	Date	or Value	Nature of Item(s)
Name of Recipient	and relationship)	Date	Value	or item(s)
Comment (if any)				
	······································			
PART C. Signature	and Oath			
I solemnly swear of attachments thereto a	r affirm under the penalties of perjure complete, true and correct to the	ury that the coe best of my	ontents of this repor knowledge, informa	t including any tion and belief.
[SEAL]	Signature of Person Filing			
	Date Sworn to before me th	e: is _ , d	ay of	, 20
5	Signature of Notary Publi	٥.		

Printed/typed Name of Notary Public:

My Commission Expires: